MARYLAND STATE DEPARTMENT OF HEALTH

08543

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 18 S-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND — LENGTH OF STAY (In this place)
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre De Grace
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jarrettsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) Amos (Last)

4. DATE OF DEATH: (Month) August (Day) 31 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: Aug 19 1910

9. AGE last birthday: 42 yrs. — If under 1 year: Months 0 — Days 13 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Jarrettsville Md

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James Amos

14. MOTHER'S MAIDEN NAME: Jane Rebecca Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes. (If yes, give war or dates of service): WWII U.S.N.

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: James Amos Jarrettsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Pancreatitis — 8hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

587.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Gerald C Palmer M.D. Deputy medical Examiner Harford Co. Bel Air, Md. 8/31/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Sept 2 1952 | NAME OF CEMETERY OR CREMATORY: Fairview | LOCATION (City, town, or county) (State): Forest Hill Md

DATE REC'D BY LOCAL REG.: Aug. 31. 1952 | REGISTRAR'S SIGNATURE: C. L. Lewis M. D. | 24. FUNERAL DIRECTOR: Charles E. Rush | ADDRESS: Jarrettsville Md

VS. A15A

RECEIVED
SEP 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08544

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Harford; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) William (Last) Anderson Jr

4. DATE OF DEATH: (Month) Aug (Day) 26 (Year) 1952

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: Sept 24 1882

9. AGE last birthday: 69 yrs. (If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pres. of Mutual Fire Ins

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bel Air Md

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: J Wm Anderson

14. MOTHER'S MAIDEN NAME: Nellie Dierker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 212-10-7907

17. INFORMANT AND ADDRESS: Mrs Mary E Anderson Bel Air Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: Instantly

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive cardio-vascular Disease — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 20, 1952, to Aug 26, 1952, that I last saw the deceased alive on Aug 26, 1952, and that death occurred at 11:10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles Richardson M.D. ADDRESS: Bel Air, Md DATE SIGNED: 8/28/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Aug 29/52

NAME OF CEMETERY OR CREMATORY: St Ignatius

LOCATION (City, town, or county): Hickory, Harford (State): Md

DATE REC'D BY LOCAL REG.: 8/28/52

REGISTRAR'S SIGNATURE: Priscilla Forwood

24. FUNERAL DIRECTOR: Joseph I. Foster ADDRESS: Bel Air Md

RECEIVED
SEP 2 1952
BUREAU V. S.

08545

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Stonewall (Middle) Jackson (Last) Barber

4. DATE OF DEATH (Month) (Day) (Year) 8/1/52 19

5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH –
9. AGE last birthday Abt. 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Aberdeen Concrete
11. BIRTHPLACE (State or foreign country) Tenn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Marion Barber
14. MOTHER'S MAIDEN NAME Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 216-16-5760
17. INFORMANT AND ADDRESS Percy Barber 79 Swan, Aberdeen, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture cervicle vertebra — –

812.4

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY US Route 40 (CITY OR TOWN) Aberdeen (COUNTY) Harford (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 1 1952 9P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto accident. Auto pedestrian type

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Gerald C Palmer MD (Degree or title) Deputy Medical Examiner ADDRESS Harford Co. Bel Air Md DATE SIGNED 8/2/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/5/52
NAME OF CEMETERY OR CREMATORY Mt. Zion
LOCATION (City, town, or county) (State) Near Aberdeen, Md.

DATE REC'D BY LOCAL REG. Aug 5-1952
REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR Pennington & Son ADDRESS Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 8 1952
BUREAU V. S

08546

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit, Rural
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Agnes (Last) Bittner

4. DATE OF DEATH (Month) August (Day) 13 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 4-17-81
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas Duke
14. MOTHER'S MAIDEN NAME Ellen O'Conor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Gertrude Hopkins Port Deposit Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Diabetes Mellitus	20 yrs
260x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Amputation Mid Thigh Leg	30 hrs
	Diabetes Coma	
	(c) Cachexia	2 wks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to Aug 13, 1952, that I last saw the deceased alive on Aug 13, 1952, and that death occurred at 9 45 A.M.m., from the causes and on the date stated above.

SIGNATURE Charles J. Foley (Degree or title) MD
ADDRESS 460 S Main Ave Havre de Grace Md
DATE SIGNED 8/13/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-16-1952
NAME OF CEMETERY OR CREMATORY Brookview
LOCATION (City, town, or county) (State) Rising Sun, Md.

DATE REC'D BY LOCAL REG. Aug. 15-1952
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Lee A. Patterson & Son
ADDRESS Perryville, Md.

M

1

7

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 18 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08547

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R. D. #2 Havre de Grace
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace Rural
STREET ADDRESS (If rural give location) R. D. #2

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Streett (Last) Bowman

4. DATE OF DEATH: (Month) Aug. (Day) 28 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 5, 1918
9. AGE last birthday: 34 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Automotive Engineer
10b. KIND OF BUSINESS OR INDUSTRY: A.R.G.
11. BIRTHPLACE (State or foreign country): Harford County, Md.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: S. Streett Bowman
14. MOTHER'S MAIDEN NAME: Hattie May Forsythe Bowman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 212-16-5214
17. INFORMANT & ADDRESS: Mrs. Loretta Jane Martin Bowman R. D. #2 Havre de Grace, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Retroperitoneal Sarcoma — Interval Between Onset And Death 6 mo.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Metastatosis in Chest and neck
DUE TO (c)

158X

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 22, 1952 to Aug 28, 1952 that I last saw the deceased alive on Aug 28, 1952, and that death occurred at 4:30 P.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) P. Snodgrass M.H. ADDRESS Harlington Md DATE SIGNED 8/30/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug. 31, 1952
NAME OF CEMETERY OR CREMATORY Rock Run Cemetery
LOCATION (City, town, or county) Harford County, (State) Md.
DATE REC'D BY LOCAL REGISTRAR Aug 30, '52
REGISTRAR'S SIGNATURE Bertha B. Knight
24. FUNERAL DIRECTOR R. Madison Mitchell ADDRESS Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 5 1952
BUREAU V. S.

Item 1 FilmG146 9/15/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Belair; MARYLAND; LENGTH OF STAY (In this place) 18 Years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Rebecca (Middle) Buckley (Last)

4. DATE OF DEATH: (Month) August (Day) 2 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec 31/1862

9. AGE last birthday: 89 years; If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maid

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Port Deposit Md

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Dr JJ Buckley

14. MOTHER'S MAIDEN NAME: Georgeanna Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: ✓

17. INFORMANT AND ADDRESS: Mrs W B Mannakhuy [illegible] Bel Air Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 **Immediate cause** (a) Arterio sclerotic Convulsions

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gerald C Palmer MD Deputy Medical Examiner Harford Co Bel Air Md 9/30/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Sept 1 52

NAME OF CEMETERY OR CREMATORY: West Nottingham

LOCATION (City, town, or county): West Nottingham Co (State): Md

DATE REC'D BY LOCAL REG. 8/31/52

REGISTRAR'S SIGNATURE: Priscilla Fourwood

24. FUNERAL DIRECTOR ADDRESS: Joseph T Estep Bel Air Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 2
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit
STREET ADDRESS (If rural, give location) 218 North Main ✓

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Leslie (Last) Cather
4. DATE OF DEATH (Month) August (Day) 17 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 2-24-1888
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired State Road foreman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry Cather
14. MOTHER'S MAIDEN NAME Martha Miller

15. WAS DECEASED EVER IN U.S. ARMED [redacted] (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Robert James Cather - 30 N Port Deposit 218 N Main

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary thrombosis	10 minutes
4 and Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	5 yrs
	(c) Myocarditis	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-3, 1951, to 8-17, 1952, that I last saw the deceased alive on 8-17, 1952, and that death occurred at 2 20 P.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] M.D. Port Deposit Md. 8-18-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-20-1952
NAME OF CEMETERY OR CREMATORY Hopewell
LOCATION (City, town, or county) (State) Port Deposit, Md. Rural

DATE REC'D BY LOCAL REG. Aug. 20-1952
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Lee A. Patterson & Son ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct [redacted] is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG
BUREAU V. S.

ITEM 7: film G147 10-14-52 LL 08969

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) (Last) Chalone
4. DATE OF DEATH (Month) Aug. (Day) 12 (Year) 1952

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 3/29/1885
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter
10b. KIND OF BUSINESS OR INDUSTRY Interior Decorator
11. BIRTHPLACE (State or foreign country) Checkoslovia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Anton Chalone
14. MOTHER'S MAIDEN NAME Catherine Besiek

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-16-0306
17. INFORMANT AND ADDRESS William Chalone Edgewood Md.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arterio Sclerotic Cardio Vascular	10 yrs
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Occlusion	1/2 hr.
	(c) Heart Block.	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/12, 1952, to 8/12, 1952, that I last saw the deceased alive on 8/12, 1952, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles J. Foley M.D. ADDRESS 400 Commerce Ave Havre de Grace Md DATE SIGNED 8/14/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 15, 1952
NAME OF CEMETERY OR CREMATORY Bel Air Memorial Garden
LOCATION (City, town, or county) (State) Bel Air, Harford, Md.,

DATE REC'D BY LOCAL REG. Aug. 20-1952
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Howard K. McComas & Son ADDRESS Aberdeen Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 22 1952
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A16 8-51

1. PLACE OF DEATH:

COUNTY: Harford — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Bel Air

LENGTH OF STAY (in this place): 10 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md — COUNTY: Harford

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) Harvey (Middle) Mitchell (Last) CHESNEY

4. DATE OF DEATH: (Month) Aug (Day) 17 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug 10/1902

9. AGE last birthday: 50 yrs. — IF UNDER 1 YEAR (Months / Days) OR IF UNDER 24 HRS. (Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): State Comm of Insurance

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Churchville Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles H Chesney

14. MOTHER'S MAIDEN NAME: Dora M. Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Harvey T Chesney Bel Air, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

332X

Immediate cause (a) CEREBRAL THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 6da

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Generalized Arteriosclerosis — ?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chronic Coronary Disease (Coronary Thrombosis) 11 yrs. ago

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 18th, 1952, to Aug 17, 1952, that I last saw the deceased alive on Aug 17, 1952, and that death occurred at 10:10 a.m., from the causes and on the date stated above.

SIGNATURE: Willard P. Hudson (DEGREE OR TITLE) M.D. ADDRESS: Forest Hill Md DATE SIGNED: 8/19/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug 20/52 — NAME OF CEMETERY OR CREMATORY: Churchville Presbyterian — LOCATION (City, town, or county) (State): Churchville Harford Md

DATE REC'D BY LOCAL REG.: 8/18/52 — REGISTRAR'S SIGNATURE: Priscilla Fawood

24. FUNERAL DIRECTOR: Joseph T. Foster — ADDRESS: Bel Air, Md

RECEIVED
AUG 20 19
LUMINO V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 51 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 5-51

1. PLACE OF DEATH:
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood
LENGTH OF STAY (in this place) 35 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md., COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Agnes (Middle) Mary (Last) Cohee

4. DATE OF DEATH: (Month) (Day) (Year) August 25 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 1/25/1884

9. AGE last birthday: 68 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Carnes

14. MOTHER'S MAIDEN NAME: Agnes Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service)

17. INFORMANT & ADDRESS: Stephen W. Cohee, Edgewood, Md.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1 Immediate cause (a) Hemiplegia, left — Interval between onset and death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b)

DUE TO (c) Arterio sclerotic CV disease — 8 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1, 1951, to Aug 25, 1952, that I last saw the deceased alive on Aug 25, 1952, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Gerald C Palmer MD Baltimore Md. 8/25/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF Aug. 28, 1952 — NAME OF CEMETERY OR CREMATORY Bethel — LOCATION (City, town, or county) (State) Chesapeake City Md.

DATE REC'D BY LOCAL REG. Aug 28, 1952

REGISTRAR'S SIGNATURE Mamie Markdale

24. FUNERAL DIRECTOR Howard R. McComas & Son — ADDRESS Abingdon Maryland

RECEIVED
SEP 2 19
BUREAU V. S.

Item 9 FilmG145 8/18/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH- COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (in this place) 3 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital	STREET ADDRESS (If rural, give location) R#1 -

3. NAME OF DECEASED (Type or Print)	(First) Bert	(Middle)	(Last) Colburn	4. DATE OF DEATH	(Month) August	(Day) 11	(Year) 1952
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 12/11/79	9. AGE last birthday 72 ~~79~~ yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown -	10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (State or foreign country) New Hampshire -		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Alonza Colburn			14. MOTHER'S MAIDEN NAME Celestia Colman				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No. Unknown		17. INFORMANT AND ADDRESS Robert West R#2 Havre de Grace, Md				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia, arteriosclerosis, malnutrition

45 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General Cachexia

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/9, 1952, to 8/11, 1952 that I last saw the deceased alive on 8/11, 1952 and that death occurred at 7:45 A.m., from the causes and on the date stated above.

SIGNATURE Dr. C. Chadamia (Degree or title) (M.D.) ADDRESS Harford Mem. Hosp. DATE SIGNED 8/11/952

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE THEREOF 8/12/52	NAME OF CEMETERY OR CREMATORY Unknown	LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REG. Aug. 12. 1952	REGISTRAR'S SIGNATURE G. L. Lewis M.D.	24. FUNERAL DIRECTOR [illegible]	ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 14 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 80

1. PLACE OF DEATH
COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abingdon
HOSPITAL OR INSTITUTION OR STREET ADDRESS
MARYLAND
LENGTH OF STAY (If dead on arrival, write "DOA") Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abingdon
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Alex., (Last) Cullum

4. DATE OF DEATH (Month) Aug. (Day) 15 (Year) 19 52

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 5/29/1884

9. AGE Last birthday 68 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Tenant

11. BIRTHPLACE (State or foreign country) Harford Co., Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME William T. Cullum

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-26-6946

17. INFORMANT AND ADDRESS Wilbur Cullum, Abingdon, Md.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X Immediate cause (a) CEREBRAL THROMBOSIS — Interval between onset and death: 13 DAYS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) HYPERTENSIVE CARDIOVASCULAR DISEASE

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. BRONCHOPNEUMONIA

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 8/5, 19 52, to 8/15, 19 52, that I last saw the deceased alive on 8/14, 19 52 and that death occurred at 11:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles W. Stewart Sr. M.D. EDGEWOOD, MD. 8/18/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Aug. 19, 1952

NAME OF CEMETERY OR CREMATORY Calvary Methodist

LOCATION (City, town, or county) (State) Calvary, Harford, Md.

DATE REC'D BY LOCAL REG. Aug. 19, 1952

REGISTRAR'S SIGNATURE Mamie M. Mondedale

24. FUNERAL DIRECTOR N. K. McDonald & Son ADDRESS Abingdon, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECE
AUG
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 155

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (in this place) 15 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 666 Green St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; STREET ADDRESS (If rural, give location) 666 Green St

3. NAME OF DECEASED (Type or Print): (First) Bessie (Middle) Estelle (Last) Daugherty

4. DATE OF DEATH: (Month) Aug. (Day) 1 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Aug. 21 1882

9. AGE last birthday: 69 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Harford Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Evans Deckmard

14. MOTHER'S MAIDEN NAME: Jane Ann Morrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Edna M. Barnard, Havre de Grace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Exhaustion - Hemorrhage

153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Ascending Colon

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinomatosis

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-2, 1951, to 8-1, 1952, that I last saw the deceased alive on 8-1, 1952, and that death occurred at 11 P.M., from the causes and on the date stated above.

SIGNATURE: A. L. Lewis M.D. (Degree or title) ADDRESS Havre de Grace Md DATE SIGNED Aug. 4-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Aug. 4 1952

NAME OF CEMETERY OR CREMATORY: Sothern Methodist

LOCATION (City, town, or county) (State): Dublin Harford Co. Md.

DATE REC'D BY LOCAL REG.: Aug. 4-1952

REGISTRAR'S SIGNATURE: A. L. Lewis M. D.

24. FUNERAL DIRECTOR: H. Madison Mitchell ADDRESS: Havre de Grace Md.

AUG 5 1952
BUREAU V. S.

Item 9 FilmG145 8/15/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 185-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Harford — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (In this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural #2 — STREET ADDRESS (If rural, give location) Auble Lane

3. NAME OF DECEASED (Type or Print): (First) Bertha — (Middle) Elizabeth — (Last) Dorsey

4. DATE OF DEATH: (Month) August — (Day) 4 — (Year) 1952

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct. 6-1875

9. AGE last birthday: 76 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Owen Dorsey

14. MOTHER'S MAIDEN NAME: Emma Largeble

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: agnes Sirucek - Aberdeen md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

8124 Immediate cause (a) Fracture skull — Interval Between Onset and Death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture L hip — 2 da; Fracture R humerus — 2 da

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Rt 1 — (CITY OR TOWN) Bel Air — (COUNTY) Harford — (STATE) Md

TIME OF INJURY (Month) 8 (Day) 2 (Year) 52 (Hour) 5P m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Auto accident, auto pedestrian type.

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident X, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title): Lewis C Palmer MD Deputy Med. Examiner Harford Co — ADDRESS: Bel Air Md — DATE SIGNED: 8/4/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug 7th 1952 — NAME OF CEMETERY OR CREMATORY: Calvary Cemetery — LOCATION (City, town, or county) (State): Churchville Maryland

DATE REC'D BY LOCAL REG.: Aug. 7-1952 — REGISTRAR'S SIGNATURE: A. L. Lewis M. D. — 24. FUNERAL DIRECTOR — ADDRESS: Henry Tarring and Sons. Aberdeen Maryland.

REC.
AUG 8
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Harford
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Bel Air
MARYLAND
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
STREET ADDRESS (If rural, give location) Bond St

3. NAME OF DECEASED: (Type or Print) (First) OLIVE (Middle) Reese (Last) DUFF

4. DATE OF DEATH: (Month) Aug (Day) 9 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Jany 16/1891

9. AGE last birthday: 61 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rockford Md

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Hall

14. MOTHER'S MAIDEN NAME: Sarah Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Miss Dorothy Duff Bel Air, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443X
Immediate cause (a) Acute Congestive heart failure — Interval Between Onset and Death: 15 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Chr. Hypertensive Cardio-Vascular disease ?
26iX
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 4 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 15 1948, to Aug 9, 1952, that I last saw the deceased alive on July 18, 1952, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Willard P. Hudson, M.D Forest Hill Md 8/9/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Aug 12/52
NAME OF CEMETERY OR CREMATORY Bel Air Memorial
LOCATION (City, town, or county) (State) Bel Air Harford Md

DATE REC'D BY LOCAL REG. 8/11/52
REGISTRAR'S SIGNATURE Priscilla Townsend
24. FUNERAL DIRECTOR ADDRESS Joseph T. Foster Bel Air Md

RECEIVED
AUG 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: HARFORD — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: STREET
LENGTH OF STAY (In this place): 10 WEEKS
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CARDIFF
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) SARA (Middle) BLANCHE (Last) ELLIOTT

4. DATE OF DEATH: (Month) AUG. (Day) 20 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Write): WIDOWED

8. DATE OF BIRTH: AUG. 3, 1876

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SEAMSTRESS

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): HARFORD CO, MD,

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM JAMES TATE

14. MOTHER'S MAIDEN NAME: KATE SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: MRS. WILSON HEAPS, STREET, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Metastatic Ca	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Primary in breast	
	(c)	

170X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 19, 1952 to Aug. 20 1952, that I last saw the deceased alive on Aug. 19, 1952 and that death occurred at 6:45 p.m., from the causes and on the date stated above.

SIGNATURE: Jonah A. Hunt M.D. (Degree or title) ADDRESS: Delta, Pa, DATE SIGNED: 8/20/52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: AUG. 23, 1952 — NAME OF CEMETERY ~~OR CREMATORY~~: RIVERVIEW — LOCATION (City, town, or county) (State): WILMINGTON, DEL.

DATE REC'D BY LOCAL REG. 8/21/52 — REGISTRAR'S SIGNATURE: Priscilla Fourwood

24. FUNERAL DIRECTOR: John W. Harkins — ADDRESS: Delta, Pa.

AUG 25 1952
BUREAU V. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 47

1. PLACE OF DEATH — COUNTY: HARFORD — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: P STEWARTSTOWN-RURAL
LENGTH OF STAY (In this place): 24 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ROUTE 1 — MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: POST OFFICE STEWARTSTOWN, PA
STREET ADDRESS (If rural, give location): ROUTE 1 — RURAL

3. NAME OF DECEASED (Type or Print): (First) CLARA (Middle) MORGAN (Last) FITZELL

4. DATE OF DEATH: (Month) 8 (Day) 5 (Year) 1952

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 27 MAR. 1891

9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): LONG ISLAND CITY, N. Y

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: EDW. F. MORGAN

14. MOTHER'S MAIDEN NAME: MARY L. HECK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE.

17. INFORMANT AND ADDRESS: LOUIS H. FITZELL — SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Generalized Carcinomatosis	2 yrs.
153X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Sigmoid Colon	7 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 5, 1952, to Aug 5, 1952, that I last saw the deceased alive on Aug 5, 1952 and that death occurred at 3 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
William E. Fulton MD — Stewartstown Pa — 8-6-52

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF: 8-8-52 — NAME OF CEMETERY OR CREMATORY: OAKLAWN — LOCATION (City, town, or county) (State): BALTO. CO.

DATE REC'D BY LOCAL REG.: August 7-1952 — REGISTRAR'S SIGNATURE: William M Kelly — 24. FUNERAL DIRECTOR: A. Wirt Brooker — ADDRESS: Reisterstown, Md.

Original to Funeral Director

RECEIVED
AUG 1
BUREAU V. S.
COPY SENT TO LOCAL REGISTRAR ... DATE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 115

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Harford; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) THEODORE (Middle) WEEMS (Last) FORBES

4. DATE OF DEATH: (Month) August (Day) 23, (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 1874

9. AGE last birthday: 78 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Sidney Hume Forbes

14. MOTHER'S MAIDEN NAME: Matilda Weems

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service) —

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Richard M. Forbes, 1432 Park Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: Instantly

332X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary Arteriosclerosis — 18 months

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1949, to Aug. 23, 1952, that I last saw the deceased alive on June 10, 1952, and that death occurred at (Found dead at 8 p.m.) m., from the causes and on the date stated above.

SIGNATURE: Charles Richardson (Degree or title) M.D. ADDRESS: Bel Air Md. DATE SIGNED: 8/23/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 8/26/52
NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 8/25/52
REGISTRAR'S SIGNATURE: A. W. Hedrick
24. FUNERAL DIRECTOR: Wm. Cook, Inc. ADDRESS: 1217 St. Paul Street

JT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06561

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryman
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryman
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) Day (Last) Ford

4. DATE OF DEATH (Month) Aug (Day) 22 (Year) 1952

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Nov. 11-1867 | 9. AGE last birthday 90 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Grafton Day | 14. MOTHER'S MAIDEN NAME Sarah Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. — | 17. INFORMANT AND ADDRESS Mr. Laurence Ford Perryman Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocardial Degeneration

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

422.2

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 1952 to Aug. 22, 1952, that I last saw the deceased alive on Aug. 22, 1952, and that death occurred at 7.50 A.m., from the causes and on the date stated above.

SIGNATURE Howard A. Hallowday (Degree or title) ADDRESS Perryman, Md DATE SIGNED Aug. 22 '52.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Aug 24-1952 | NAME OF CEMETERY OR CREMATORY Apostolic Cemetery | LOCATION (City, town, or county) Perryman. Maryland (State)

DATE REC'D BY LOCAL REG. Aug 22-'52 | REGISTRAR'S SIGNATURE Nina J. Perry | 24. FUNERAL DIRECTOR Henry Farring & Sons Aberdeen Maryland. | ADDRESS

AUG 25 1952
BUREAU

08562

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Geo. (Middle) Washington (Last) Fowler

4. DATE OF DEATH: (Month) (Day) (Year) Aug 24, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify): Married
8. DATE OF BIRTH: May 3, 1880
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (State or foreign country): Alleghaney Co N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: W. M. H. Fowler
14. MOTHER'S MAIDEN NAME: Emerline Caudill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: 246-05-0369
17. INFORMANT & ADDRESS: Mrs. Geo. W. Fowler Darlington, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
331X Immediate cause	(a)	Cerebral Hemorrhage	4 Days
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Arteriosclerosis	2 yrs
	DUE TO		
	(c)	Hypertension	2 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15 1952 to Aug 24 1952 that I last saw the deceased alive on Aug 24 1952 and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) L. P. Snodgrass MD ADDRESS Darlington Md. DATE SIGNED 8/24/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Aug 26, 1952
NAME OF CEMETERY OR CREMATORY Mt. Zion Cem
LOCATION (City, town, or county) Harford Co. (State) Md

DATE REC'D BY LOCAL REG. Aug. 25, 1952
REGISTRAR'S SIGNATURE C. H. Kirk
24. FUNERAL DIRECTOR H. S. Bailey ADDRESS Darlington Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

RECEIVED
SEP. 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural. LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt 40 between Edgewood and Aberdeen

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) unknown

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Gross
4. DATE OF DEATH (Month) Aug (Day) 28 (Year) 1952
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 2-13-1904
9. AGE last birthday 48 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Calvert Co. Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Alexander Gross
14. MOTHER'S MAIDEN NAME Rachel White
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Maryland State Police - Benson Bks.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

812.4 Immediate cause (a) Hemorrhage due to amputation left leg, traumatic

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture L. vena

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY N. Rte 40 (CITY OR TOWN) Edgewood (COUNTY) Harford (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 8/28/52 10A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Autoaccident & auto pedestrian

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gerald C Palmer M.D. Deputy Medical Examiner Harford Co. Bel Air Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 5/52
NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemty
LOCATION (City, town, or county) (State) Balto.
DATE REC'D BY LOCAL REG. 9/5/52
REGISTRAR'S SIGNATURE Geo Hedrick
24. FUNERAL DIRECTOR Walter B. Spriggs
ADDRESS 139 W. Hardy

VS. AHA

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Hartford — STATE: MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Belair Md. — LENGTH OF STAY (in this place): — HOSPITAL OR INSTITUTION OR STREET ADDRESS: 102 Bond St

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Hartford — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 102 Bond St. Belair — STREET ADDRESS (If rural, give location): 102 Bond St.

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) Jane (Last) Hopewell

4. DATE OF DEATH: (Month) Aug. (Day) 31 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: March 11, 1864

9. AGE last birthday: 88 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Pooleville Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Hebron

14. MOTHER'S MAIDEN NAME: Laura Hebron

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Viola H. Whittington Bel-Air, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Failure (arteriosclerotic) — Interval between onset and death: 6 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Generalized arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Neoplasm of sinuses and orbits — 1 yr.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/28, 1951, to 8/31, 1952, that I last saw the deceased alive on 8/30, 1952, and that death occurred at 4:10 p. m. from the causes and on the date stated above.

SIGNATURE: George T. Stansbury M.D. — (Degree or title) — ADDRESS: Havre de Grace Md. — DATE SIGNED: 8/31/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept 4 1952 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG.: 9.2.1952 — REGISTRAR'S SIGNATURE: Priscilla Forwood

24. FUNERAL DIRECTOR — ADDRESS: John R Watson Jr. Hagerstown Md.

BUREAU V. S.
SEP 10

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: HARFORD — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: NORRISVILLE
LENGTH OF STAY (In this place): 75 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: NORRISVILLE
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) HENRIETTA (Middle) JANE (L.) HULSHART

4. DATE OF DEATH: (Month) 8- (Day) 10- (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: 12-15-1863

9. AGE last birthday: 88 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): NEW PARK, YORK Co., PA.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: WILLIAM CHANNELL

14. MOTHER'S MAIDEN NAME: MARY JANE HERBERT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: John Plummer, Norrisville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic C V disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: [redacted]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ___ OR CONTRIBUTING ___ CAUSE OF DEATH. | **PLACE** (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | **INJURY OCCURRED** While at work ☐ Not while at work ☐ | **HOW DID INJURY OCCUR?**

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ☒ Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) **ADDRESS** **DATE SIGNED**

Harold C Palmer MD Deputy Medical Examiner Harford County Md. Aug 12 1952

23. BURIAL, CREMATION, REMOVAL (Specify) | **DATE THEREOF**: 8-13-52 | **NAME OF CEMETERY OR CREMATORY**: NORRISVILLE | **LOCATION** (City, town, or county) (State): NORRISVILLE, HARFORD Co. MD

DATE REC'D BY LOCAL REG.: 8/11/52 | **REGISTRAR'S SIGNATURE**: Priscilla Forwood

24. FUNERAL DIRECTOR **ADDRESS**: Kenneth W Ousbourn, Stewartstown Pa.

RECEIVED
AUG 14 1
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 81

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen — LENGTH OF STAY (in this place): 5 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 611 Bel Air ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen
STREET ADDRESS (If rural, give location): 611 Bel Air ave.

3. NAME OF DECEASED (Type or Print): (First) Ella (Middle) Mae (Last) Kinnamon
4. DATE OF DEATH: (Month) Aug. (Day) 20 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Approx. 94
9. AGE last birthday: Approx. 94 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: USA.
13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Wm. R. Bishop Balto. Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart Failure — ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — ?

(c) Gastro enteritis acute — 3 days.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-14-1952, to 8-20, 1952, that I last saw the deceased alive on 8-20-, 1952, and that death occurred at 11 30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gerald D. Lowry USNTC Bainbridge Md.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Aug 23-1952 — NAME OF CEMETERY OR CREMATORY: London Park Cemetery — LOCATION (City, town, or county) (State): Baltimore Maryland
DATE REC'D BY LOCAL REG.: Aug 22-52 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR ADDRESS: Henry Tarring & Sons Aberdeen Maryland.

AUG 25
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:
COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
MARYLAND
LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 801 Ontario Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace, Md.
STREET ADDRESS (If rural give location) 801 Ontario Street

3. NAME OF DECEASED: (Type or Print) (First) Louis (Middle) Harry (Last) Klair

4. DATE OF DEATH: (Month) Aug. (Day) 18 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 25, 1870

9. AGE last birthday: 81 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Storekeeper Grocer

10b. KIND OF BUSINESS OR INDUSTRY: Grocery Store

11. BIRTHPLACE (State or foreign country): Oakington Harford Co.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Pearson D. Klair

14. MOTHER'S MAIDEN NAME: Vesta Baldwin Klair

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Cora B. Klair 801 Ontario Street Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Chronic Myocarditis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Cardiac Insufficiency

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/16, 1946 to Aug 18, 1952 that I last saw the deceased alive on Aug 17, 1952 and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED Aug 20-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE Aug. 21

NAME OF CEMETERY OR CREMATORY Angel Hill Cemetery

LOCATION (City, town, or county) Havre de Grace (State) Md.

DATE REC'D BY LOCAL REGISTRAR Aug 20-1952

REGISTRAR'S SIGNATURE C. L. Lewis M. D.

24. FUNERAL DIRECTOR ADDRESS R. Madison Mitchell Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 22 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace — LENGTH OF STAY (in this place): about 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 567 Girard St.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
STREET ADDRESS (If rural, give location): 567 Girard St.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Roger (Last) Lacy
4. DATE OF DEATH: (Month) Aug (Day) 23, (Year) 1952
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 10, 1889
9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House man
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Dinwiddie County, Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James Lacy
14. MOTHER'S MAIDEN NAME: Matilda Wyatt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.: 212-32-0635
17. INFORMANT AND ADDRESS: Mrs. Mildred J. Lacy - 567 Girard St. Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage. — 8 hrs

447X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular Arteriosclerosis — 10 yrs.

(c) Hypertension — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1949, to Aug 23, 1952, that I last saw the deceased alive on Aug 23 1952, and that death occurred at 6:50 P m., from the causes and on the date stated above.

SIGNATURE: Charles J. Foley (Degree or title) M D — ADDRESS: 400 Union Ave Havre de Grace Md — DATE SIGNED: 8/25/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Aug 27 1952 — NAME OF CEMETERY OR CREMATORY: Union Mt. Forest Cemetery — LOCATION (City, town, or county): Swan Creek (State) Md.

DATE REC'D BY LOCAL REG.: Aug 27-1952 — REGISTRAR'S SIGNATURE: A. L. Lewis M. D. — 24. FUNERAL DIRECTOR: Elmer E. Bullock - Havre de Grace, Md. — ADDRESS

VS. A1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

1

T

AUG

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A1

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Madonna | LENGTH OF STAY (In this place): 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Madonna (rural)
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) Mark (Last) Lynch
4. DATE OF DEATH: (Month) Aug. (Day) 22 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 29 1895
9. AGE last birthday: 57 yrs. If under 1 year: Months 4 Days 23 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farmowner
11. BIRTHPLACE (State or foreign country): Baldwin, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Martin Lynch
14. MOTHER'S MAIDEN NAME: Mary Shanahan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Mrs. Ethel Lynch, Monkton, R.F.D. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	10 mon.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	5 years
	(c)	

11. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: None.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1952, to Aug 22, 1952, that I last saw the deceased alive on Aug. 19, 1952, and that death occurred at 10 30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. James Thomson, Jr.	M.D.	Jarrettsville, Md	Aug 23, 1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 25, 1952	St Johns	Hyde, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/24/52	Priscilla Foxwood	Martin L. Hunt	Jarrettsville, Md.

RECEIVED
AUG 27
BUREAU V. S.

08576

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Harford Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyde
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyde
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) F. (Last) Miller
4. DATE OF DEATH: (Month) Aug (Day) 6 (Year) 1952
5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct. 7, 1872
9. AGE last birthday: 79 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur
10b. KIND OF BUSINESS OR INDUSTRY: Taxi Cab
11. BIRTHPLACE (State or foreign country): Bladensburg Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Miller
14. MOTHER'S MAIDEN NAME: Margaret ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs Mabel Miller Hyde, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Cardiac disease	2 yrs
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	15 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1944, to Aug. 6, 1952, that I last saw the deceased alive on Aug. 6, 1952 and that death occurred at 9:40 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Walter M Hammett Baldwin 8-7-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 8/9 52
NAME OF CEMETERY OR CREMATORY: Oak Lawn
LOCATION (City, town, or county) (State): Eastern Ave Md

DATE REC'D BY LOCAL REG.: 8-8-52
REGISTRAR'S SIGNATURE: A. W. Hedrick
24. FUNERAL DIRECTOR: Mildred T. Blight ADDRESS: 6009 Harford Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 218 W. Bel Air ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) 218 W. Bel Air ave.

3. NAME OF DECEASED (Type or Print): (First) M. (Middle) Florence (Last) Mitchell
4. DATE OF DEATH: (Month) Aug (Day) 8th (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 27-1876
9. AGE last birthday: 76 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John H. Mitchell
14. MOTHER'S MAIDEN NAME: Sarah H. Mitchell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: G. Gordon Mitchell - Wilmington Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CEREBRAL HEMORRHAGE	24 HOURS
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIOSCLEROTIC CARDIOVASCULAR-	
	(c) -RENAL DISEASE	10 YEARS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1951, to Aug 7, 1952, that I last saw the deceased alive on Aug 7, 1952, and that death occurred at 3 15 A.m., from the causes and on the date stated above.

SIGNATURE: Brown McDonald (Degree or title) J.M.D. ADDRESS: Aberdeen, Md. DATE SIGNED: 8-9-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Aug 10-1952
NAME OF CEMETERY OR CREMATORY: Grove Presby. Cemetery
LOCATION (City, town, or county) (State): Aberdeen Maryland
DATE REC'D BY LOCAL REG.: [illegible]
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: Henry Farring and Sons. ADDRESS: Aberdeen Maryland.

RECEIVED
1912
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:
COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Proving Ground, Md
LENGTH OF STAY (in this place) 6 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Army Hospital Hospital Street, APG.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE
STREET ADDRESS (If rural give location) WEBSTER VILLAGE RTE. 2

3. NAME OF DECEASED: (Type or Print) (First) LYALL (Middle) JOHN (Last) NAMETH JR.
4. DATE OF DEATH: (Month) AUG (Day) 30 (Year) 1952

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: NOV 24, 1946
9. AGE last birthday: 5 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): FORT KNOX, KENTUCKY
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: LYALL JOHN NAMETH
14. MOTHER'S MAIDEN NAME: ALICE M. POLISHOOC

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: MOTHER RT. #2 WEBSTER VILLAGE, MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

204.1

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 12 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Leukemia, acute myelogenous — 2½ mos.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 AUG, 1952, to , 19 , that I last saw the deceased alive on 30 AUG, 1952, and that death occurred at 11:18 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) M G Bottighieri, Capt., M.C., ADDRESS U.S.A.H. Aberdeen Proving Ground, Md DATE SIGNED 30 Aug 52

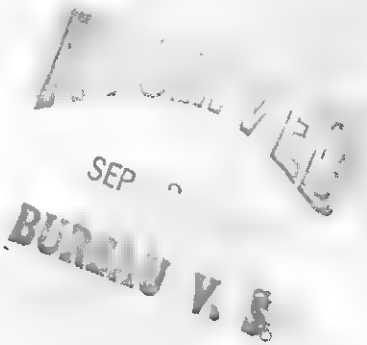
23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept. 3, 1952
NAME OF CEMETERY OR CREMATORY Angel Hill
LOCATION (City, town, or county) Havre de Grace (State) Md

DATE REC'D BY LOCAL REGISTRAR Sept. 1-1952
REGISTRAR'S SIGNATURE Nellie R. Perry
24. FUNERAL DIRECTOR R. Madison Mitchell ADDRESS Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Norrisville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Norrisville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Roberta (Middle) Louise (Last) Ober

4. DATE OF DEATH (Month) Aug. (Day) 22 (Year) 1952

5. SEX F.

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S

8. DATE OF BIRTH Aug 22, 1952

9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 10 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Jarrettsville, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Duncan Robert Ober

14. MOTHER'S MAIDEN NAME Beulah Louise Poe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Robert L. Ober, White Hall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.0 Immediate cause (a) Asphyxia Neonatorum.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 10 hours

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 30 PM 8/22/52, 1952, to 10 30 AM 8/22, 1952, that I last saw the deceased alive on 8/22/, 1952, and that death occurred at 10 30 P m., from the causes and on the date stated above.

SIGNATURE S. James Thomison Jr. (Degree or title) M.D. ADDRESS Jarrettsville, Md. DATE SIGNED August 23, 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Aug 24, 1952

NAME OF CEMETERY, OR CREMATORY Norrisville Cem

LOCATION (City, town, or county) (State) Norrisville, Md

DATE REC'D BY LOCAL REG. 8/23/52

REGISTRAR'S SIGNATURE Priscilla Fourwood

24. FUNERAL DIRECTOR Martin G. Kurtz, Jarrettsville Md. ADDRESS

2 08 2192314

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AUG 27
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (In this place) D.O.A.
HOSPITAL OR INSTITUTION OR [illegible] Harford Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Aberdeen
STREET ADDRESS (If rural, give location) Aberdeen R.F.D. #1

3. NAME OF DECEASED (Type or Print) (First) Verna (Middle) Mae (Last) Orf

4. DATE OF DEATH (Month) 8/30/52 (Day) (Year) 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 6/28/1932
9. AGE last birthday 20 yrs. If under 1 year: Months 2, Days 2; If under 24 hrs.: Hours, Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telephone Operator
10b. KIND OF BUSINESS OR INDUSTRY C.P. Tel. Co. Aberdeen
11. BIRTHPLACE (State or foreign country) Edgewood Md.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Sidney Long
14. MOTHER'S MAIDEN NAME Annie E. Wimmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. Unknown
17. INFORMANT AND ADDRESS Sidney Long, Aberdeen R.F.D. #1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
5/6.4 Immediate cause	(a) Fracture spine	now
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) N. Shore 4L
(CITY OR TOWN) Aberdeen (COUNTY) Harford (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 8 30 52 1A m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? [illegible]

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/2/52
NAME OF CEMETERY OR CREMATORY Spearitia
LOCATION (City, town, or county) (State) Near Perryman, Md.

DATE REC'D BY LOCAL REG. Sept. 2-1952
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Cunningham & Son Havre de Grace, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

[illegible]
SEC
BU[illegible] V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 1

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE California COUNTY San Joaquin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton
STREET ADDRESS (If rural, give location) 534 N. Lilliam Ave

3. NAME OF DECEASED (Type or Print) (First) Manuel (Middle) NMI. (Last) Pitta
4. DATE OF DEATH (Month) Aug (Day) 29 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 3 Sept 1931
9. AGE last birthday 20 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Military Police
10b. KIND OF BUSINESS OR INDUSTRY U.S.A.
11. BIRTHPLACE (State or foreign country) Oakland Calif.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John J. Pitta
14. MOTHER'S MAIDEN NAME Mary Ann Cunningham
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) Current
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Personnel Section MP 523rd Military Police Company

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage due to rupture liver — 1 hour

816.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ✓ OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY US Route 40 (CITY OR TOWN) Aberdeen (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 30 1A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto accident, auto-auto typ

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.

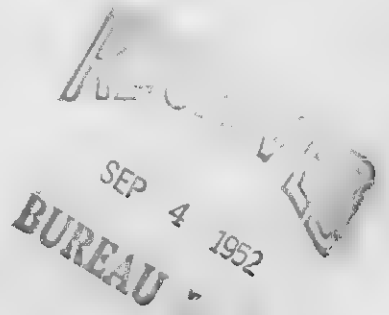
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] Palmer M.D. [illegible] Harford [illegible]

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF Sept 2-1952
NAME OF CEMETERY OR CREMATORY Stockton cemetery
LOCATION (City, town, or county) (State) Stockton California
DATE REC'D BY LOCAL REG. Sept 2-1952
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Henry Yarring and Sons ADDRESS Aberdeen Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A


SEP 4 1952
BUREAU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN C.R.D.
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.A.H., APG, Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE TENNESSEE COUNTY WILLIAMSON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FRANKLIN
STREET ADDRESS (If rural, give location) 1010 WEST END ST. ✓

3. NAME OF DECEASED (Type or Print) (First) LILLIAN (Middle) H. (Last) ROGERS
4. DATE OF DEATH (Month) Aug (Day) 10 (Year) 1952
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 18 OCT 1902
9. AGE last birthday 49 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) FRANKLIN TENN USA
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME JOHN GREENE HERBERT (DECEASED)
14. MOTHER'S MAIDEN NAME LILLIE McE HERBERT (DECEASED)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Breast — INTERVAL BETWEEN ONSET AND DEATH 1/4 years

170 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 31 Jul, 1952, to 10 Aug, 1952, that I last saw the deceased alive on 10 Aug., 1952, and that death occurred at 12:10 P.m., from the causes and on the date stated above.

SIGNATURE Samuel D Brockshy (Degree or title) Capt, MC — ADDRESS USAH, APG, Md — DATE SIGNED 10 Aug 52

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 8-11-52
NAME OF CEMETERY OR CREMATORY Warren-Smithson
LOCATION (City, town, or county) (State) Franklin Ky.
DATE REC'D BY LOCAL REG. Aug. 14-1952
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Mc Connell Son, Albany Ky. ADDRESS

RECEIVED
AUG 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE de GRACE
LENGTH OF STAY (in this place) office
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Perryville COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Roofs (Middle) Clark (Last) Estil
4. DATE OF DEATH (Month) Aug (Day) 14 (Year) 1952
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Nov 21 1876
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Carpenter
11. BIRTHPLACE (State or foreign country) Va
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Chas Edwin Roofs
14. MOTHER'S MAIDEN NAME Betty Raines
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 216-09-1538
17. INFORMANT AND ADDRESS Charles Roofs - Perryville Sa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial damage - Arterio-

(c) Sclerosis

INTERVAL BETWEEN ONSET AND DEATH: 3 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Only as above

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 24, 1952, to Aug 14, 1952 that I last saw the deceased alive on Aug 14, 1952 and that death occurred at 11 A.m. from the causes and on the date stated above.

SIGNATURE A. L. Lewis MD (Degree or title) ADDRESS Havre de Grace MD DATE SIGNED 8-14-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-17-1952
NAME OF CEMETERY OR CREMATORY Angel Hill Cemetery
LOCATION (City, town, or county) (State) Havre de Grace MD

DATE REC'D BY LOCAL REG. 8-14-52
REGISTRAR'S SIGNATURE A. L. Lewis MD
24. FUNERAL DIRECTOR Lee A. Patterson & Son ADDRESS Perryville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 18 19
U.S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Darlington, MD — LENGTH OF STAY (In this place): 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Walters Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit, MD
STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print): (First) Chester (Middle) Arthur (Last) St Clair
4. DATE OF DEATH: (Month) August (Day) 31 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 1-13-1878
9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]
10b. KIND OF BUSINESS OR INDUSTRY: House
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William St Clair
14. MOTHER'S MAIDEN NAME: Annie Morrison
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 212-14-9795
17. INFORMANT AND ADDRESS: Mrs. Mary J. Jackson, Port Deposit, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Arteriosclerotic Cardiovascular — 1 year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

260x) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 1 year; Amputation both legs — 1 year

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

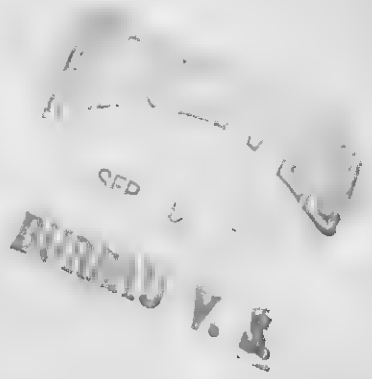
22. I hereby certify that I attended the deceased from 1/1, 1952, to 8/31, 1952, that I last saw the deceased alive on 8/21, 1952, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE: Lewis C Poerner MD (Degree or title) — ADDRESS: Bel Air, Md. — DATE SIGNED: 8/31/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 9-3-1952 — NAME OF CEMETERY OR CREMATORY: Best Nottingham — LOCATION (City, town, or county) (State): Colora, Maryland

DATE REC'D BY LOCAL REG.: Sept 3, 1952 — REGISTRAR'S SIGNATURE: Priscilla Fowood

24. FUNERAL DIRECTOR — ADDRESS: Lee A. Patterson & Son, Perryville, Maryland.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 180

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Harford; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joppa; LENGTH OF STAY (In this place) 15; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joppa; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) E. (Last) Simmonds

4. DATE OF DEATH: (Month) Aug. (Day) 30 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1/7/1876

9. AGE last birthday: 76 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Flour

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alfred A. Simmonds

14. MOTHER'S MAIDEN NAME: Mary Virginia Bay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 219-32-1166

17. INFORMANT AND ADDRESS: Miss Gene Simmonds, Joppa, Md.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	CARDIO-RESPIRATORY FAILURE	24 HOURS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	CARCINOMA	1 YEAR
(c)	METASTATIC CARCINOMA	1 MONTH

1537

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION: 1951 —

19b. MAJOR FINDINGS OF OPERATION: — CARCINOMA OF BOWEL.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? — —

22. I hereby certify that I attended the deceased from June, 1951, to 30 Aug, 1952, that I last saw the deceased alive on 30 AUG, 1952, and that death occurred at 2:50 P m., from the causes and on the date stated above.

SIGNATURE: H. P. Sedwick (Degree or title) M.D. ADDRESS: Bel Air, Md DATE SIGNED: 30 Aug. 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 9/2/1952

NAME OF CEMETERY OR CREMATORY: St. Mary's

LOCATION (City, town, or county) (State): Emmorton, Harford, Md.

DATE REC'D BY LOCAL REG.: Sept 2 1952

REGISTRAR'S SIGNATURE: Mame M. Mondedale

24. FUNERAL DIRECTOR: Howard K. McComas & Son

ADDRESS: Aberdeen Maryland

RECEIVED
SEP 5 19
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE
LENGTH OF STAY (in this place) 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ABERDEEN
STREET ADDRESS (If rural, give location) 114 ROGERS

3. NAME OF DECEASED (Type or Print) (First) Samuel (Middle) J (Last) Sutton
4. DATE OF DEATH (Month) August (Day) 8 (Year) 1952
5. SEX MALE
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH DEC. 2 1872
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dist Patcher
10b. KIND OF BUSINESS OR INDUSTRY Taxi
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Johnathon Sutton
14. MOTHER'S MAIDEN NAME MARY RILEY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mrs. J. Walter Rowe c aberdeen md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Pulmonary Edema	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Arteriosclerotic Heart Disease	5 yr.
	(c)	Coronary Arteriosclerosis	5 yr.

4

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1947, to Aug 8, 1952, that I last saw the deceased alive on Aug 7, 1952, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

SIGNATURE Vera P. Rodman M.D. (Degree or title) ADDRESS Aberdeen Md. DATE SIGNED 8-8-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF aug 10-1952
NAME OF CEMETERY OR CREMATORY Spesutia Cemetery
LOCATION (City, town, or county) Perryman Maryland (State)
DATE REC'D BY LOCAL REG. Aug. 9-1952
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Henry Farring and Sons ADDRESS aberdeen Maryland.

RECEIVED
AUG 13 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington; LENGTH OF STAY (in this place) 18 mo.; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington; STREET ADDRESS (If rural, give location) none

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) E. (Last) Thompson Jr.

4. DATE OF DEATH: (Month) Aug (Day) 1 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write): Married

8. DATE OF BIRTH: 9/5/1885

9. AGE last birthday: 66 yrs. If under 1 year: Months 10, Days 27. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Tin Smith

10b. KIND OF BUSINESS OR INDUSTRY: [illegible]

11. BIRTHPLACE (State or foreign country): N.Y. Harford Co. Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Samuel E. Thompson Sr.

14. MOTHER'S MAIDEN NAME: Cephela B. Nelson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Mrs. Maude B. Thompson, Darlington, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Pulmonary Embolus — Interval between onset and death: Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Lower Intestine

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/1, 1952, to 8/1, 1952, that I last saw the deceased alive on 8/1, 1952, and that death occurred at 8 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Malcolm Dudley Phillips MD — ADDRESS: Darlington Md — DATE SIGNED: 8/2/52

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: 8/4/52 — NAME OF CEMETERY OR CREMATORY: St. Mary's — LOCATION (City, town, or county) (State): Harford Co. Md.

DATE REC'D BY LOCAL REG.: August 2, 1952 — REGISTRAR'S SIGNATURE: C. A. Kirk — FUNERAL DIRECTOR: Cunningham & Son — ADDRESS: Aberdeen, Md.

RECEIVED
AUG 8 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08581

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: HARFORD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: New York — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: New Rochelle
STREET ADDRESS (If rural, give location): 248 Center Ave.

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) J (Last) Williams

4. DATE OF DEATH: (Month) Aug. (Day) 31 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: 3-4-70

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Lakeman

10b. KIND OF BUSINESS OR INDUSTRY: Clothing

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Williams

14. MOTHER'S MAIDEN NAME: Mary Jones.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Elwood Cantler, Whitefordsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

151X Immediate cause (a) Carcinoma Stomach

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gland Carcinomatosis

(c) Cachexia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 20, 1952 to Aug. 31, 1952 that I last saw the deceased alive on Aug. 30, 1952 and that death occurred at 2:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles J. Kelly M.D. ADDRESS: Havre de Grace Md DATE SIGNED: 8/31/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept 3, 1952 — NAME OF CEMETERY OR CREMATORY: Hanover Green — LOCATION (City, town, or county) (State): Wilkes Barre, Pa.

DATE REC'D BY LOCAL REG.: Aug. 31-1952 — REGISTRAR'S SIGNATURE: A. L. Lewis M. D.

24. FUNERAL DIRECTOR: John H. Harkins — ADDRESS: Delta, Pa.

RECEIVED
SEP 2
BUREAU V. S.

08582

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH — COUNTY: HARFORD — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MD — COUNTY: HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL PYLESVILLE — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL PYLESVILLE RD
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) SAMUEL	(Middle) WHITEFORD	(Last) WILSON	4. DATE OF DEATH (Month) 8 (Day) 3 (Year) 1952
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH: 1-28-1864	9. AGE last birthday: 88 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER	10b. KIND OF BUSINESS OR INDUSTRY: OWN FARM	11. BIRTHPLACE (State or foreign country): HARFORD CO., MD	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: WILLIAM H. WILSON		14. MOTHER'S MAIDEN NAME: PAULINE WHITEFORD		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: NONE	17. INFORMANT AND ADDRESS: George Wilson Street Md		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Myocardial Failure with Cardiac Decompensation

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio sclerotic C-V Disease

177X (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Ca Prostate.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 23, 1952, to Aug 3, 1952 that I last saw the deceased alive on Aug 2, 1952, and that death occurred at 6 15/4 m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Josiah A Hunt MD — ADDRESS: Delta, Pa. — DATE SIGNED: 8/4/52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)	DATE: 8-5-52	NAME OF CEMETERY ~~OR CREMATORY~~: HIGHLAND PRESBYTERIAN	LOCATION (City, town, or county): STREET, HARFORD Co. (State): MD.
DATE REC'D BY LOCAL REG.: 8/4/52	REGISTRAR'S SIGNATURE: Priscilla Lowood	24. FUNERAL DIRECTOR: Kenneth W Osburn, Stewartstown, Pa.	ADDRESS

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, ~~WITH~~ UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

T

VS. A15

RECEIVED
AUG 7 1922
BUREAU V. S.